

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-018495

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

317
FILED MAY 3 1963

541

1340

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u> | | Length of stay in 1b <u>D.O.A.</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST LOUIS COUNTY HOSPITAL</u> | | d. STREET ADDRESS (If outside, give location) <u>3525 LONGVIEW DR.</u> | |
| 3. NAME OF DECEASED (Type or, print) First Middle Last <u>RALPH</u> <u>ECKERT</u> | | 4. DATE OF DEATH Month Day Year <u>APRIL - 20 - 1963</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6/17/1919</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ASSEMBLER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>MALONEY ELEC</u> | |
| 11. BIRTHPLACE (City and state or country) <u>ST LOUIS MO.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>CHARLES ECKERT</u> | | 13b. MOTHER'S MAIDEN NAME <u>? DIEFFENBACH</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>GLENN ECKERT</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW II</u> | |
| 16. SOCIAL SECURITY NO. <u>44-22-63</u> | | 17. INFORMANT <u>GLENN ECKERT</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Unknown, probably coronary</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | |
| PART III. If deceased was female, was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <u>11:46 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Raymond L. Hand</u> Coroner | | 22b. ADDRESS <u>Clayton, Missouri</u> | |
| 22c. DATE SIGN <u>4/25/63</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>4-23-63</u> | 23c. NAME OF CEMETERY OR CREMATORIUM <u>Mt Hope Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>LEMMAY MO</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>FAY FUNERAL HOME MEHLVILLE, MO</u> | | 25. DATE RECD. BY LOCAL REG. <u>4-22-63</u> | |
| 26. REGISTRAR'S SIGNATURE <u>John E. Murphy M.D.</u> | | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Gustav W. Dietrich

Licensed Embalmer No.

4329

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.